RCRA Subtitle I Inspection Report

UST Compliance Inspection

US Coast Guard Training Center Yorktown
1 USCG Training Center
Yorktown, VA 23690

Telephone Number: 757-856-2267

Date of Inspection: September 9, 2011

Facility Identification Number: 5020728

FRS Number: 110012706820

EPA Representative:	Michael Prescott, Senior Engineer (EPA Contractor), 703-373-3811
Site Owner:	Commanding Officer US Coast Guard Training Center Yorktown
Site Operator:	Commanding Officer US Coast Guard Training Center Yorktown (Primary contact for correspondence)
Site Owner Representatives:	Rick Hylton, Environmental Engineer (Primary environmental contact), 757-856-2267; Commander Matt Rymer, Facilities Engineer; Lt. Kent Hammack, Chief Design and Construction; Linda Weiss, Coast Guard Exchange Store Manager

Michael Prescott

9/27/11
Date

Background

On September 9, 2011, the United States Environmental Protection Agency, Region III (EPA), Land & Chemical Division, Office of Land Enforcement, represented by its contractor, Michael Prescott, conducted a Compliance Evaluation Inspection (CEI) of the US Coast Guard Training Center Yorktown facility located in Yorktown, VA to determine the extent of compliance with Subtitle I of the Resource Conservation and Recovery Act (RCRA) and associated federal regulations. The facility was given advance notice of the inspection by EPA Region 3 on August 26, 2011 and the inspection was delayed a week by Hurricane Irene.

Mr. Hylton reported that the facility had three USTs that provided gasoline and diesel for vehicles and boats. According to Mr. Hylton, monthly inspections of all the UST systems were conducted by a contractor.

Inspection Observations

Mr. Hylton, Commander Rymer, and Lt. Hammack escorted me and provided information on the UST systems. Photographs were taken at the facility and are provided in Attachment 1 in the chronological order they were taken.

Table 1 below provides information on the regulated UST systems that were inspected as drawn from discussions with the facility representatives, the UST inventory provided by the facility, the Virginia Dept. of Environmental Quality (VADEQ) UST database, and my observations. The full UST Checklist was completed for the three regulated UST systems and is included in Attachment 2 to this report.

Table 1
Details of the Regulated UST Systems at US Coast Guard Training Center Yorktown

Tank No.	Material Stored	Capacity (Gal.)	Installation Month/Year	Tank Construction Material	Piping Construction Material
S1AG (Marina)	Diesel	8,000	5/94	DW FRP	DW Fiberglass
S3D (Bldg. 238)	Gasoline	10,000	5/90	DW Cathodically Protected Steel	DW Fiberglass
S3E (Bldg. 238)	Gasoline	10,000	5/90	DW Cathodically Protected Steel	DW Fiberglass

DW = Double Wall FRP = Fiberglass Reinforced Plastic

I first inspected the two gasoline UST systems at the Coast Guard Exchange Gas Station at Bldg. 238 and observed fuel dispensers and the tops of two UST systems (see Photo 2). I also observed spill buckets were present for the two fill pipes and there were overfill shutoff valves in both of the fill pipes, but there was no overfill alarm. Mr. Hylton reported the cathodic protection system for the two USTs at Bldg. 238 were tested the day before the inspection and Ms. Weiss reported

the system was tested in April 2008, but these results were not immediately available.

Upon removal of the covers to the two pump sumps, I observed pumps with mechanical Automatic Line Leak Detectors (ALLDs) (see Photos 1 and 3). Mr. Hylton reported that testing of the two ALLDs had been conducted the day before the inspection and in January 2008. I also observed sump sensors in each of the pump sumps for piping interstitial monitoring and observed the piping connecting the tanks to the fuel dispensers appeared to be double wall fiberglass piping (see Photos 1 and 3). In addition, I observed the piping below the fuel dispensers (see Photo 4) to be made of the same materials. When the sump sensors were flipped over, no alarms were indicated on the tank monitor. Mr. Hylton pulled a setup printout from the tank monitor that showed no sensors were connected to the tank monitor.

I observed the tank monitor for the two UST systems to be a Veeder-Root TLS-350 which indicated "All Functions Normal". According to Mr. Hylton, this tank monitor conducted interstitial monitoring of the tanks as the primary method of tank release detection, Automatic Tank Gauging (ATG) of the tanks as the backup method, and interstitial monitoring of the piping for piping release detection.

I next inspected the diesel UST system at the Marina at Bldg. 183 and observed the top of an UST system on a steep hill overlooking the Marina where three fuel dispensers were located. Upon removal of the cover to the pump sump (see Photo 5), I observed a fill pipe with an overfill shutoff valve in it, but there was no overfill alarm. The fill pipe was not equipped with a spill bucket. I could not verify that the pump sump was sealed tight, but I did notice an open electrical conduit in the sump (see Photo 6) which facility personnel capped during the inspection (see Photo 8). Also in the pump sump, I observed a mechanical ALLD (see Photo 5). Mr. Hylton reported that testing of the ALLD had been conducted the day before the inspection and in April 2008 along with the lines.

On the pier down the hill from the tank, I observed an access sump where the fuel line from the UST divided to connect to the fuel dispensers. The access sump contained a sensor for the piping interstitial monitoring and the piping connecting the tank to the fuel dispenser appeared to be double wall fiberglass piping (see Photo 7). In addition, I observed the piping below one of the fuel dispenser to be made of the same materials. When the sump sensor was flipped over, an alarm was indicated on the tank monitor.

I observed the tank monitor for the UST system to be a Veeder-Root TLS-350 which indicated "All Functions Normal". According to Mr. Hylton, this tank monitor conducted interstitial monitoring of the tanks as the primary method of tank release detection, ATG of the tanks as the backup method, and interstitial monitoring of the piping for piping release detection.

For both the tank monitors, Mr. Hylton provided copies of monthly inspection checklists for the last 12 months that had an indication of "Y" for the tank monitor functioning properly (see Attachment 3). Also included in Attachment 3 are the following: 1) a cover sheet for each set of

tanks for the facility's inspection checklists and for July and August 2011 there were copies of the printouts from the tank monitors indicating "All Functions Normal"; and 2) Prior 12 month history printouts for CSLD tests for the Bldg. 238 Gas Station USTs.

I held an exit conference with the facility representatives and identified several concerns: 1) The three ALLDs for the three UST systems had not been tested annually; 2) the sensors in the two pump sumps for the UST systems at Bldg. 238 did not activate alarms on the tank monitor; 3) the interstitial sensors for the two tanks at Bldg. 238 did not appear to be connected to the tank monitor; 4) the cathodic protection systems for the two USTs at Bldg. 238 were tested the day before the inspection and in April 2008, but these results were not available; and (5) there was no spill bucket for the fill pipe for the tank at the Marina and the pump sump had not been sealed tight to prevent fuel releases. I also indicated that the monthly inspection records for documenting tank and piping release detection may not be adequate and recommended they generate monthly printouts from the tank monitors that show no alarms for the tank and piping release detection. I requested that facility representatives determine the status of the sump and interstitial sensors for the two UST systems at Bldg. 238 and assemble applicable records of ALLD, line tightness, and cathodic protection tests and forward me these documents.

On 9/15/11, I received emails with files containing the documents requested and then received a package with hard copies of the documents (see Attachment 4). The documents provided ALLD, line tightness, and cathodic protection test results for the UST systems. There was also an explanation as to why the sump and interstitial sensors were not working at the Bldg. 238 Gas Station UST systems because of problems with the wiring which led to disconnecting of the sensors on 6/10/11 with no followup corrective actions. In addition, I obtained line tightness test results for the Bldg. 238 Gas Station UST systems conducted on 4/11/08 during the inspection and this document is also provided in Attachment 4.

Attachments

1. Photograph Log
2. UST Checklist
3. Release Detection Records for the UST Systems
4. Cover Letter with Attachments Containing ALLD, Line Tightness, and Cathodic Protection Test Records and an Explanation for the Sensors Malfunctions at Bldg. 238

ATTACHMENT 1. PHOTOGRAPH LOG

US COAST GUARD TRAINING CENTER
YORKTOWN UST PHOTO LOG

DATE TAKEN: 9/9/11
TAKEN BY: M. Prescott
PHOTO #: 1
COMMENTS: Tank 1 (premium gasoline) pump sump.

SITE LOCATION: Outside Bldg. 238

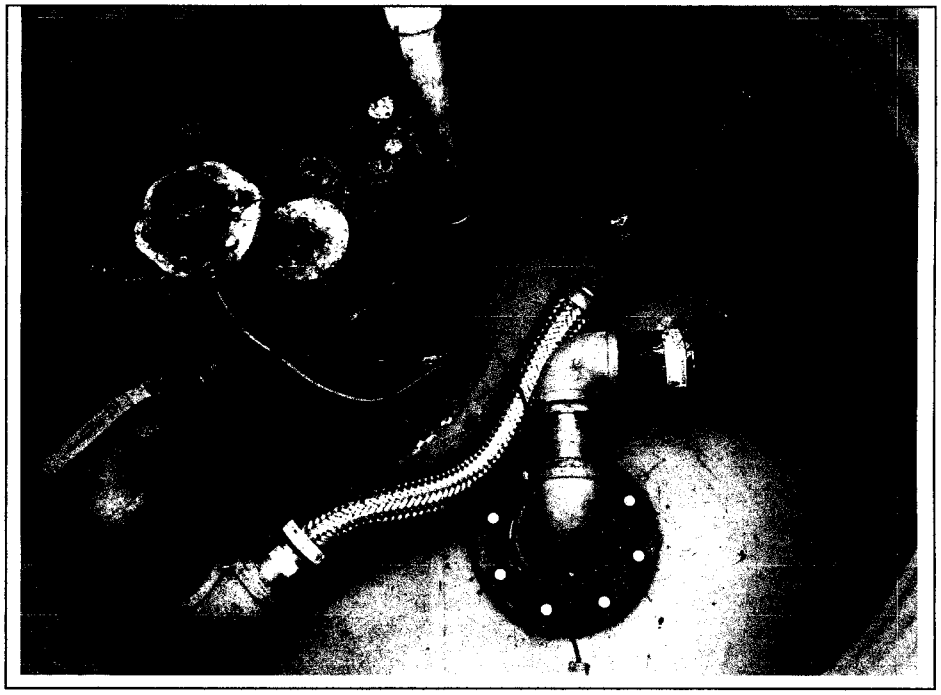
DATE TAKEN: 9/9/11
TAKEN BY: M. Prescott
PHOTO #: 2
COMMENTS: Overview of USTs and fuel dispensers.

SITE LOCATION: Outside Bldg. 238

US COAST GUARD TRAINING CENTER
YORKTOWN UST PHOTO LOG

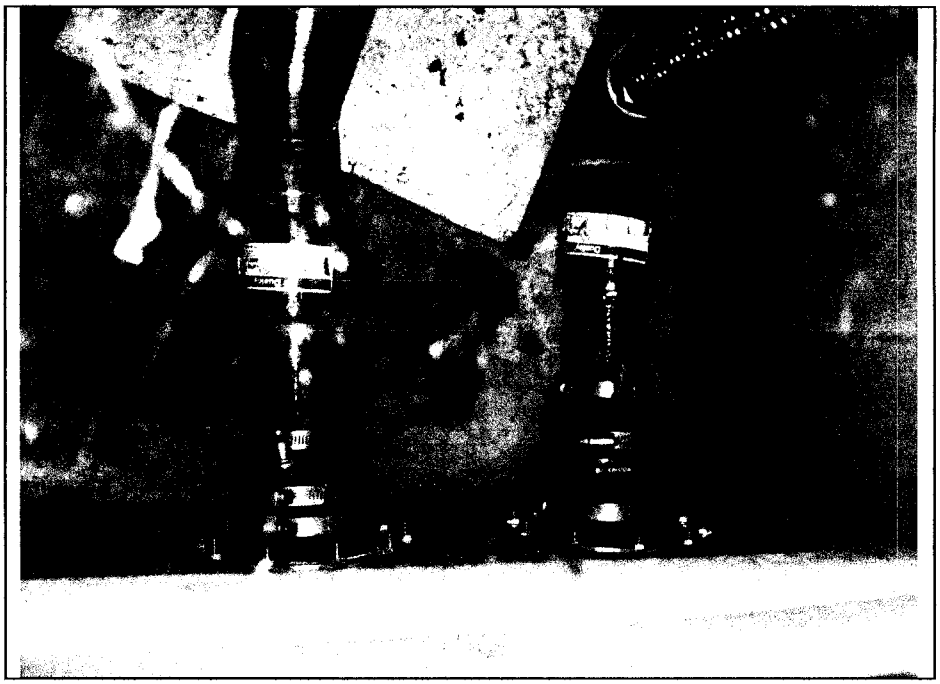
DATE TAKEN: 9/9/11
TAKEN BY: M. Prescott
PHOTO #: 3
COMMENTS: Tank 2 (regular gasoline) pump sump.

SITE LOCATION: Outside Bldg. 238



DATE TAKEN: 9/9/11
TAKEN BY: M. Prescott
PHOTO #: 4
COMMENTS: Double wall piping below one of the fuel dispensers.

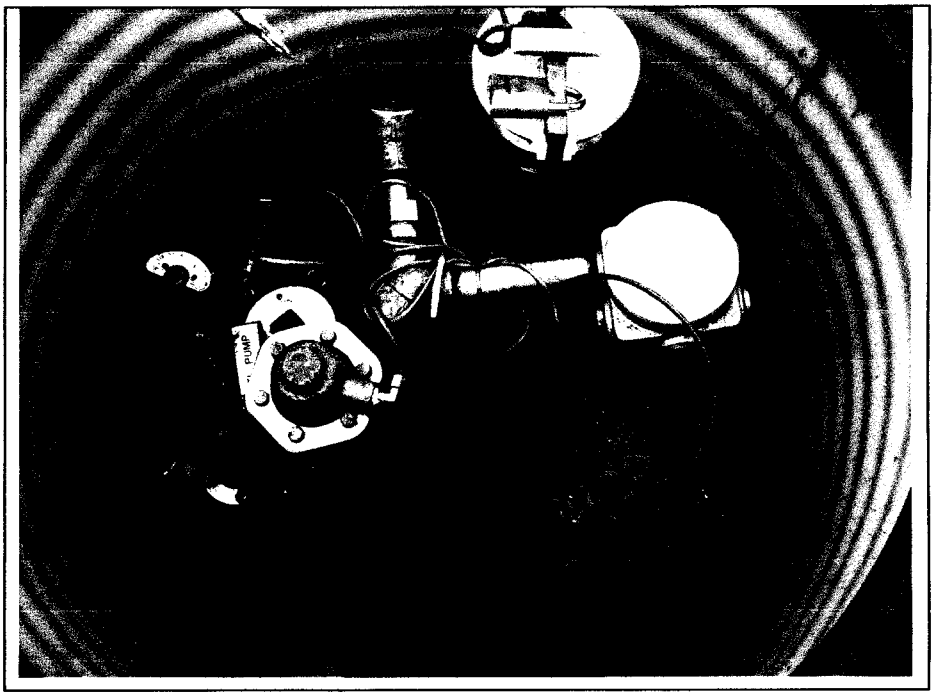
SITE LOCATION: Outside Bldg. 238



US COAST GUARD TRAINING CENTER
YORKTOWN UST PHOTO LOG

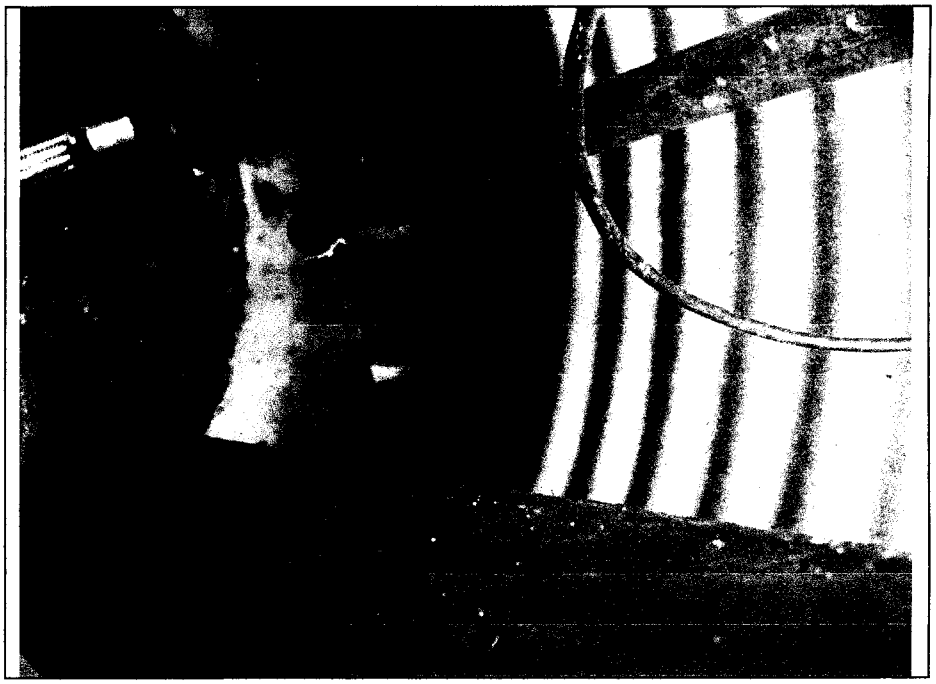
DATE TAKEN: 9/9/11
TAKEN BY: M. Prescott
PHOTO #: 5
COMMENTS: Diesel UST pump sump containing a fill pipe without a spill bucket. The UST and pump sump were on a hill above the marina.

SITE LOCATION: Marina



DATE TAKEN: 9/9/11
TAKEN BY: M. Prescott
PHOTO #: 6
COMMENTS: Open electrical conduit in pump sump.

SITE LOCATION: Marina



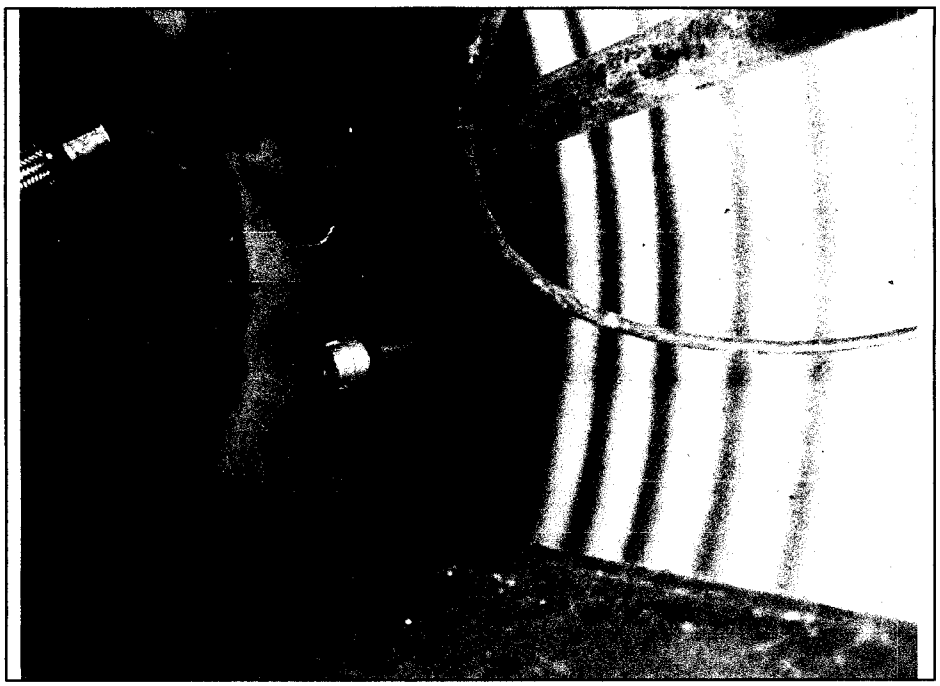
US COAST GUARD TRAINING CENTER
YORKTOWN UST PHOTO LOG

DATE TAKEN: 9/9/11
TAKEN BY: M. Prescott
PHOTO #: 7
COMMENTS: Piping access sump in marina pier showing double wall piping and sump sensor.

SITE LOCATION: Marina

DATE TAKEN: 9/9/11
TAKEN BY: M. Prescott
PHOTO #: 8
COMMENTS: Electrical conduit with cap placed on it in pump sump.

SITE LOCATION: Marina



ATTACHMENT 2. UST CHECKLIST

Facility ID Number 5020728

Leak Detection Inspection

I. Ownership of Tank(s)	II. Location of Tank(s)
US Coast Guard Training Center Yorktown 1 USCG Training Center Yorktown, VA 23690	End of Rte. 238 E Yorktown, VA 23690 Number of Tanks at This Location: 3

III. Tank Information

Complete for each tank. If facility has more than 4 tanks, photocopy page and complete information for additional tanks.

	Tank 1	Tank 2	Tank 3	Tank 4
Tank presently in use (circle)	(Tank 1)	(Tank 2)	(Tank 3)	
If not, date last used	Bldg. 238	Bldg. 238	Marina	
If emptied, verify 1" or less of product in tank				
Month and Year Tank Installed	5/90	5/90	5/94	
Material of Construction tank/pipe	* Steel/Fiberglass	* Steel/Fiberglass	FRP/Fiberglass	
Capacity of Tank (in gallons)	10,000	10,000	8000	
Substance Stored	Gasoline	Gasoline	Diesel	

IV.A. Release Detection For Tanks

Check the release detection method(s) used for each tank or N/A if none required.

Manual Tank Gauging (tanks under 1,000 gal.)				
Manual Tank Gauging and Tank Tightness Testing (tanks under 2,000 gal.)				
Tank Tightness Testing and Inventory Control				
Automatic Tank Gauging				
Vapor, Groundwater or Interstitial Monitoring	X	X	X	
Other approved method (SIR)				

IV.B. Release Detection For Piping

Check the release detection method(s) used for piping.

Check Pressurized (P) or Suction (S) Piping for each tank	P	P	P	
Automatic Line Leak Detectors, and check one	X	X	X	
Vapor or Groundwater Monitoring				
Secondary Containment with Monitoring	X	X	X	
Line Tightness Testing				

I Michael Prescott (print name) certify that I have inspected the above named facility on September 9 2011 (month/day/year)

Inspector's Signature: Michael Prescott Date: 9/10/11

* The two gasoline USTs were reported to be cathodically protected Steel Tank Institute - Pre-Engineered Proven Protection (STI-P3).

Facility ID Number 5020728

Leak Detection for

Pressurized Piping A method must be selected from each set. Where applicable indicate date of last test. If this facility has more than 4 tanks, please photocopy this page and complete information for all additional piping.

Set 1	Tank 1	Tank 2	Tank 3	Tank 4
Automatic Flow Restrictor	X	X	X	
Automatic Shut-off Device				
Continuous Alarm System				
and				
Set 2				
Annual Line Tightness Testing				
Interstitial Monitoring	X	X	X	
If Interstitial Monitoring, documentation of monthly monitoring is available				
Ground-Water or Vapor Monitoring				
If Ground-Water or Vapor Monitoring, documentation of monthly monitoring is available				
Other Approved Method (specify in comments section)				
Suction Piping. Indicate date of most recent test.				
Line Tightness Testing (required every 3 years)				
Secondary Containment with Interstitial Monitoring				
Ground-Water or Vapor Monitoring				
Other Approved Method (specify in comments section)				
No Leak Detection Required (must answer yes to all of the following questions)				
Operates at less than atmospheric pressure				
Has only one check valve, which is located directly under pump				
Slope of piping allows product to drain back into tank when suction released				
All above information on suction piping is verifiable				

On the back of this sheet, please sketch the site, noting all piping runs, tanks (including size and substances stored) and location of wells and their distance from tanks and piping.

Comments: Facility representative claimed interstitial monitoring via sump sensors was the primary method for piping release detection, but line tightness testing was also conducted approximately annually, except in 2009. The sump sensors for Tanks 1 and 2 systems at Bldg. 238 were not working.

Inspector's Signature: [signature] Date: 8/10/11

Facility ID Number 5020728

Inventory Control and Tank Tightness Testing

Method of tank tightness testing: N/A

Address of tank tightness tester: _____

Please complete all information for each tank If this facility has more than 4 tanks, please photocopy this page and complete the information for all additional tanks.

	Tank 1	Tank 2	Tank 3	Tank 4
Date of last tank tightness test.				
Did tank pass test? Indicate yes or no. If no, specify in comments section below the status of the tank or what actions have been taken (e.g., has state been notified?)				
Documentation of deliveries and sales balances with daily measurements of liquid volume in tank are maintained and available.				
Overages or shortages are less than 1% + 130 gals of tank's flow-through volume.				
If no, which months were not?				

Please answer yes or no for each question

Owner/operator can explain inventory control methods and figures used and recorded.	Yes ☐	No ☐
Records include monthly water monitoring.	Yes ☐	No ☐
Tank inventory reconciled before and after fuel delivery.	Yes ☐	No ☐
Books are reconciled monthly.	Yes ☐	No ☐
Appropriate calibration chart is used for calculating volume.	Yes ☐	No ☐
Dispenser pumps are calibrated to within 6 cubic inches per five gallons.	Yes ☐	No ☐
The drop tube in the fill pipe extends to within one foot of tank bottom.	Yes ☐	No ☐
Owner can demonstrate consistency in dipsticking techniques.	Yes ☐	No ☐
The dipstick is long enough to reach the bottom of the tank.	Yes ☐	No ☐
The ends of the gauge stick are flat and not worn down.	Yes ☐	No ☐
The dipstick is marked legibly & the product level can be determined to the nearest 1/8th inch.	Yes ☐	No ☐
The tank has been tested within the year & has passed the tightness test (if necessary).	Yes ☐	No ☐
A third-party certification of the tank tightness test method is available.	Yes ☐	No ☐
Tank tester complied with all certification requirements.	Yes ☐	No ☐
Monitoring and testing are maintained and available for the past 12 months.	Yes ☐	No ☐

Comments: _____

Inspector's Signature: _____ Date: 9/19/11

Facility ID Number 5020728

Vapor Monitoring N/A

Name of monitoring device: _____

Date system installed _____ Number of monitoring wells _____

Distance of monitoring well(s) from tank(s) (1) _____ (2) _____ (3) _____ (4)
Site assessment was conducted by: _____

Location of site assessment documentation: _____

Please indicate yes or no for each tank Please complete all information for each tank. If facility has more than 4 tanks, please photocopy this page and complete the information for additional tanks.

	Tank 1	Tank 2	Tank 3	Tank 4
Well is clearly marked and secured.				
Well caps are tight.				
Well is constructed so that monitoring device is not rendered inoperative by moisture or other interferences.				
Well is free of debris or has other indications that it has been recently checked.				
Please answer yes or no for each question				
UST excavation zone was assessed prior to vapor monitoring system installation.	Yes ☐	No ☐		
One or more USTs is/are included in system.	Yes ☐	No ☐		
If the system is automatic, check the following:				
Power box is accessible and power light is on.	Yes ☐	No ☐		
Documentation of monthly readings is available for last 12 months.	Yes ☐	No ☐		
Equipment used to take readings is accessible and functional.	Yes ☐	No ☐		
Vapor monitoring equipment has been calibrated within the last year.	Yes ☐	No ☐		
If the system is manual, check the following:				
Documentation of monthly readings is available for last 12 months.	Yes ☐	No ☐		
Equipment used to take readings is accessible and functional.	Yes ☐	No ☐		
Vapor monitoring equipment has been calibrated within the last year.	Yes ☐	No ☐		
Porous material was used for backfill.	Yes ☐	No ☐		
Wells are placed within the excavation zone.	Yes ☐	No ☐		
Level of background contamination is known. If so -- what is level?	Yes ☐	No ☐		

On the back of this sheet, please sketch the site, noting all piping runs, tanks (including size and substances stored) and location of wells and their distance from tanks and piping.

Comments: _____

Inspector's Signature: _____ Date: 9/10/11

5020728

Site Sketch/Photo Log

Coast Guard Exchange Gas Station

Bldg. 238

Regular UST

FP

ATG

PS

D → Fuel Dispenser Island

D →

Premium UST

IS PS ATG

IS

FP

IS = Interstitial Sensor Port PS = Pump Sump

ATG = ATG Probe Port FP = Fill Pipe with Spill Bucket

D = Fuel Dispensers AS = Access Sump to Piping

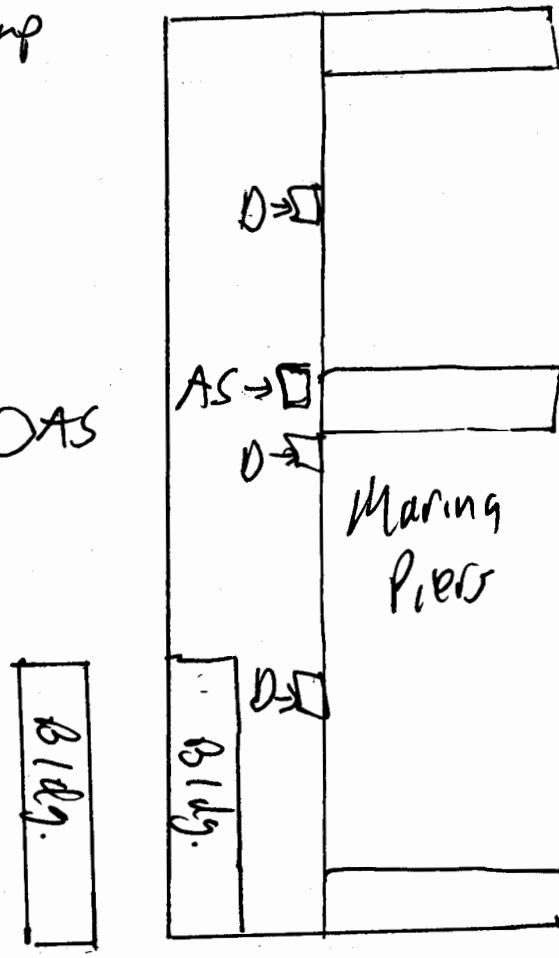
Marina

IS

Extra Manway

PS

Fill Pipe



See Report for Photo Log

9/10/11

Facility ID Number 5020728

Manual Tank Gauging N/A

Manual tank gauging may be used as the sole method of leak detection only for tanks of 1,000 gal. or fewer or in combination with tank tightness testing for tanks of up to 2,000 gal.

Please indicate the number of the tank or tanks for which manual tank gauging is used as the main leak detection method (e.g., tanks 1 & 4):_____

Please answer yes or no for each question

Records show liquid level measurements are taken at beginning and end of period of at least ([Circle one] 36, 44, 58) hours during which no liquid is added to or removed from the tank.	Yes ☐	No ☐
Level measurements are based on average of two consecutive stick readings at both beginning and end of period.	Yes ☐	No ☐
Monthly average of variation between beginning and end measurements is less than standard shown below for corresponding size and dimensions of tank and waiting time.	Yes ☐	No ☐
Gauge stick is long enough to reach bottom of the tank. Ends of gauge stick are flat and not worn down.	Yes ☐	No ☐
Gauge stick is marked legibly and product level can be determined to the nearest one-eighth of an inch.	Yes ☐	No ☐
MTG is used as sole method of leak detection for tank.	Yes ☐	No ☐
MTG is used in conjunction with tank tightness testing.	Yes ☐	No ☐
Are all tanks for which MTG is used under 2,000 gallons in capacity?	Yes ☐	No ☐
Are monitoring records available for the last 12 month period?	Yes ☐	No ☐

Check One:	Nominal Tank Capacity (in gallons)	Tank Dimensions	Monthly Standard (in gallons)	Minimum Test Duration
( )	110-550	N/A	5	36 hours
( )	551 - 1,000*	N/A	7	36 hours
( )	1,000*	64" diameter x 73" length	4	44 hours
( )	1,000*	48" diameter x 128" length	6	58 hours
( )	1,001 - 2,000*	N/A	13	36 hours

* Manual tank gauging must be used in combination with tank tightness testing for tanks over 550 gal. and up to 2,000 gal.

Comments:_____

_____

_____

Inspector's Signature: _____ Date: 9/16/11

Facility ID Number 5020728

Ground Water Monitoring

Date System Installed: N/A

Distance of well from tank(s) (1) _____ (2) _____ (3) _____ (4) _____

Distance of well from piping (1) _____ (2) _____ (3) _____ (4) _____

Site assessment was conducted by: _____

Location of site assessment documentation: _____

Please answer each question of each well If there are more than 4 wells, please photocopy this page and complete the information for all additional wells.

	Well 1	Well 2	Well 3	Well 4
Well is clearly marked and secured to avoid unauthorized access or tampering.				
Well was opened and presence of water was observed in well at depth of _____ ft.				

Please answer yes or no for each question

Wells are used to monitor piping.	Yes ☐	No ☐
Site assessment was performed prior to installation of wells.	Yes ☐	No ☐
Documentation of monthly readings is available.	Yes ☐	No ☐
Specific gravity of product is less than one.	Yes ☐	No ☐
Hydraulic conductivity of soil between UST system and monitoring wells is not less than 0.01 cm/sec. According to:	Yes ☐	No ☐
Groundwater is not more than 20 feet from ground surface.	Yes ☐	No ☐
Wells are sealed from the ground surface to top of filter pack.	Yes ☐	No ☐
Continuous monitoring device or manual bailing method used can detect the presence of at least one-eighth of an inch of the product on top of groundwater in well.	Yes ☐	No ☐
Groundwater is monitored: ( ) Manually on a monthly basis. ( ) Automatically (continuously or monthly basis [Circle one]).		
Check the following if groundwater is monitored manually: Bailer used is accessible and functional.	Yes ☐	No ☐
Check the following if groundwater is monitored automatically: Monitoring box is operational.	Yes ☐	No ☐
Checked for presence of sensor in monitoring well.	Yes ☐	No ☐

On the back of this sheet, please sketch the site, noting all piping runs, tanks (including size and substances stored) and location of wells and their distance from tanks and piping.

Comments: _____

Inspector's Signature: _____ Date: 9/19/11

Facility ID Number 5020728

Interstitial Monitoring

Manufacturer and name of system: Veeder-Root TLS-350 (one for each set of UST systems)

Date system installed: Unknown

Materials used for secondary barrier: steel for Bldg. 238 Gas Station, FRP for Marina

Materials used for internal lining: steel for Bldg. 238 Gas Station, FRP for Marina

Interstitial space is monitored (Circle one): automatically, continuously, monthly basis.

Please answer yes or no for each question

All tanks in system are fitted with secondary containment and interstitial monitoring.	Yes ☒	No ☐	N/A ☐
System is designed to detect release from any portion of UST system that routinely contains product.	Yes ☒	No ☐	N/A ☐
Monitoring method is documented as capable of detecting a leak as small as .1 gal./hr. with at least a 95% probability of detection and a probability of false alarm of no more than 5%.	Yes ☒	No ☐	N/A ☐
Documentation of monthly readings is available for last 12 months. See Comments	Yes ☐	No ☐	N/A ☐
Maintenance and calibration documents and records are available and indicate appropriate maintenance procedures for system have been implemented.	Yes ☒	No ☐	N/A ☐
Monitoring box, if present, is operational. See Comments	Yes ☐	No ☐	N/A ☐
If monitoring wells are part of leak detection system, monitoring wells are clearly marked and secured to avoid unauthorized access and tampering.	Yes ☐	No ☐	N/A ☒
Interstitial space is monitored manually on monthly basis (answer the following question).	Yes ☐	No ☐	N/A ☒
Equipment used to take readings is accessible and functional.	Yes ☐	No ☐	N/A ☒
Tank is double-walled	Yes ☒	No ☐	N/A ☐
Tank is fitted with internal bladder to achieve secondary containment (answer the following question).	Yes ☐	No ☐	N/A ☒
Bladder is compatible with substance stored and will not deteriorate in the presence of that substance.	Yes ☐	No ☐	N/A ☒
Excavation is lined with impervious artificial material to achieve secondary containment (answer the following questions).	Yes ☐	No ☐	N/A ☒
Secondary barrier is always above groundwater.	Yes ☐	No ☐	N/A ☒
If secondary barrier is not always above groundwater, secondary barrier and monitoring designs are for use under such conditions.	Yes ☐	No ☐	N/A ☒
Secondary barrier is constructed from artificially constructed material, with permeability to substance < 10^{6} cm/sec.	Yes ☐	No ☐	N/A ☒
Secondary barrier is compatible with the regulated substances stored and will not deteriorate in presence of that substance.	Yes ☐	No ☐	N/A ☒
Secondary barrier does not interfere with operation of cathodic protection system.	Yes ☐	No ☐	N/A ☒

Comments: Facility uses checklists with a "Y" to signify monitor is working properly and there were 12 months of checklists. However, the interstitial sensors for the two UST systems at Bldg. 238 had been disconnected on 6/10/11 and were not functioning at the time of the inspection (see Report).

Inspector's Signature: [signature] Date: 9/16/11

Facility ID Number 5020728

Automatic Tank Gauging

Manufacturer, name and model number of system: N/A

Please answer yes or no for each question

Device documentation is available at site (e.g., manufacturer's brochures, owner's manual).	Yes ☐	No ☐
Device can measure height of product to nearest one-eighth of an inch.	Yes ☐	No ☐
Documentation shows that water in bottom of tank is checked monthly to nearest one-eighth of an inch.	Yes ☐	No ☐
Documentation is available that the ATG was in test mode a minimum of once a month.	Yes ☐	No ☐
Checked for presence of gauge in tanks.	Yes ☐	No ☐
Checked for presence of monitoring box and evidence that device is working (i.e., device is equipped with roll of paper for results documentation).	Yes ☐	No ☐
Owner/operator has documentation on file verifying method meets minimum performance standards of .20 gph with probability of detection of 95% and probability of false alarm of 5% for automatic tank gauging (e.g., results sheets under EPA's "Standard Test Procedures for Evaluating Leak Detection Methods").	Yes ☐	No ☐
Checked documentation that system was installed, calibrated, and maintained according to manufacturer's instructions.	Yes ☐	No ☐
Maintenance records are available upon request.	Yes ☐	No ☐
Monthly testing records are available for the past 12 months.	Yes ☐	No ☐
Daily monitoring records are available for the past 12 months (if applicable).	Yes ☐	No ☐

Comments: _____

Inspector's Signature: _____ 9/10/11

Facility ID Number 5020728

Statistical Inventory Reconciliation N/A

Please complete all information for each tank If this facility has more than 4 tanks, please photocopy this page and complete the information for all additional tanks.

Documentation of deliveries and sales balances with daily measurements of liquid volume in tank are maintained and available.				

Please answer yes or no for each question

Records include monthly water monitoring.	Yes ☐	No ☐
Tank inventory reconciled before and after fuel delivery.	Yes ☐	No ☐
Appropriate calibration chart is used for calculating volume.	Yes ☐	No ☐
Dispenser pumps are calibrated to within 6 cubic inches per five gallons.	Yes ☐	No ☐
The drop tube in the fill pipe extends to within one foot of tank bottom.	Yes ☐	No ☐
Answer one of the following three:		
1) Owner can demonstrate consistency in dipsticking techniques.	Yes ☐	No ☐
a) The dipstick is long enough to reach the bottom of the tank.	Yes ☐	No ☐
b) The end of the gauge stick is flat and not worn down.	Yes ☐	No ☐
c) The dipstick is legible & the product level can be determined to the nearest 1/8th inch.	Yes ☐	No ☐
OR		
2) Automatic tank gauge is used for readings.	Yes ☐	No ☐
OR		
3) Other method is used for readings (explain in comment section below).	Yes ☐	No ☐
A third-party certification of the SIR method is available.	Yes ☐	No ☐
Monitoring and testing records are maintained and available for the past 12 months.	Yes ☐	No ☐

Comments: _____

Inspector's Signature: _____ Date: 4/10/11

Facility ID Number 5020728

Spill/Overfill Prevention

	Tank 1	Tank 2	Tank 3	Tank 4
Are all tank transfers less than 25 gallons?	Yes ☐ No ☒	Yes ☐ No ☒	Yes ☐ No ☒	Yes ☐ No ☐
Spill Prevention				
Is there a spill bucket (at least 5 gallons) or another device that will prevent release of product to the environment (such as a dry disconnect coupling)?	Yes ☒ No ☐	Yes ☒ No ☐	Yes ☐ No ☒	Yes ☐ No ☐
Overfill Prevention				
What device is used to prevent tank from being overfilled?				
Ball float valve	Yes ☐ No ☒	Yes ☐ No ☒	Yes ☐ No ☒	Yes ☐ No ☐
Butterfly valve (in fill pipe)	Yes ☒ No ☐	Yes ☒ No ☐	Yes ☒ No ☐	Yes ☐ No ☐
Automatic alarm monitoring is used	Yes ☐ No ☒	Yes ☐ No ☒	Yes ☐ No ☒	Yes ☐ No ☐
Other alarm system _____	Yes ☐ No ☒	Yes ☐ No ☒	Yes ☐ No ☒	Yes ☐ No ☐

DOES THE FACILITY HAVE A FINANCIAL ASSURANCE MECHANISM? YES___ NO ___ (PROVIDE COMMENTS AS TO COMPLIANCE STATUS FOR 40 C.F.R. PART 280 SUBPART H.) N/A Federal Facility

Cathodic Protection N/A

	Tank 1	Tank 2	Tank 3	Tank 4
Sacrificial Anode System				
Test results show a negative voltage of at least 0.85 Volts (using the tank and a copper/copper sulfate cell)?	Yes ☒ No ☐	Yes ☒ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
The last two test results are available. (Tests are required every three years.)	Yes ☒ No ☐	Yes ☒ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Impressed Current				
Rectifier is on 24 hours a day?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
The last two test results are available? (Tests are required every 60 days.)	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Test results show a negative voltage of at least 0.85 Volts (using the tank and a copper/copper sulfate cell)?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

Comments: The fill pipe for Tank 3 did not have a spill bucket, but it was within the pump sump. There was an open electrical conduit entering the pump sump that would likely allow a fuel leak. A cap was placed on the conduit, but I could not verify that the pump sump was sealed to prevent release of product. Tanks 1 and 2 were cathodically protected with sacrificial anodes and the system was tested the day before the inspection and passed.

Inspector's Signature: _____ Date: 9/10/11

ATTACHMENT 3. RELEASE DETECTION RECORDS FOR THE UST SYSTEMS

EMCOR Government Services

PREVENTIVE MAINTENANCE WORK TICKET

COMPLETED

RECORD NO: ST003 STORAGE TANKS

8/25/2011

Start Date: 8/25/2011
Req Comp: 8/25/2011
Date Comp: 8/25/2011

EMPLOYEE: 8 4395 LAWRENCE JASON

Name:	EMPLOYEE INFORMATION	Date:	Hours:
4395 Lawrence, J.	1170	8/25/2011	.5

Complete.

FREQUENCY: MONTHLY

Total Hours: .5

MATERIAL COST: 0

BLDG: 231 WAREHOUSE/CGES/MARINERS MAI

CLIN: TANK017

EQUIP: UST S3E, S3D

INFO: UNDERGROUND STORAGE TANK
(2) EA MARINER'S MART GAS STATION - 10,000 GAL TANK
017A- MARINER'S MART GAS STATIONS - 10,000 GAL TANK
BOTH TANKS ARE EQUIPPED WITH AN ELECTRONIC LEAK DETECTION MONITORING SYSTEM.

COMPLETE THE UST FACILITY INSPECTION CHECKLIST
PRINT OUT A TICKET INDICATING CURRENT OPERATING CONDITIONS

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

Jason Lawrence — Jason Lawrence
INSPECTOR'S NAME (PRINT) SIGNATURE:

	Items of Inspection[3]:	Tank ID 53E	Tank ID 53D	Tank ID	Tank ID
	Date of Inspection	Date[1] 8/25	Date[1] 8/25	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y	Y		
	Ground surface around tank free of signs of leakage or spills.	Y	Y		
	Tank liquid level gauge functioning, readable and accurate.	Y	Y		
5	Tank fill ports closed and locked when not in use.	N	N		
6	Exposed valves and piping/tubing free of signs f leakage or deterioration.	N/A	N/A		
7	Tank and piping sumps free of liquids or product.	N	N		
8	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	N/A	N/A		
9	Exposed piping/tubing supports in satisfactory condition.	N/A	N/A		
10	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y	Y		
11	(Daytime check) Security Light present. No	Y	Y		

YORKTOWNCOASTGUARDMM
BLD 213 TRAININGCNTR
YORKTOWN VA 23692
757 856 2656

AUG 25. 2011 3:16 PM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:PREMIUM
VOLUME = 4541 GALS
ULLAGE = 5459 GALS
90% ULLAGE= 4459 GALS
TC VOLUME = 4480 GALS
HEIGHT = 44.53 INCHES
WATER VOL. = 0 GALS
WATER = 0.00 INCHES
TEMP = 79.1 DEG F

T 2:UNLEADED
VOLUME = 6386 GALS
ULLAGE = 3614 GALS
90% ULLAGE= 2614 GALS
TC VOLUME = 6290 GALS
HEIGHT = 58.53 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 81.3 DEG F

* * * * * END * * * * *

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

Jason Laurenit — Jason Laurenit
INSPECTOR'S NAME (PRINT) / SIGNATURE:

	Items of Inspection[3]:	Tank ID S3E	Tank ID S3D	Tank ID	Tank ID
	Date of Inspection	Date[1] 7/28	Date[1] 7/28	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y	Y		
	Ground surface around tank free of signs of leakage or spills.	Y	Y		
	Tank liquid level gauge functioning, readable and accurate.	Y	Y		
5	Tank fill ports closed and locked when not in use.	Y	Y		
5	Exposed valves and piping/tubing free of signs f leakage or deterioration.	N/A	N/A		
7	Tank and piping sumps free of liquids or product.	Y	Y		
8	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	N/A	N/A		
9	Exposed piping/tubing supports in satisfactory condition.	N/A	N/A		
10	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y	Y		
11	(Daytime check) Security Light present. No signs of obvious damage.	Y	Y		

1. Inspection Date(s) - enter the date of the inspection in the appropriate block.

2. Inspector(s) - enter the inspector's name in the appropriate block.

3. Item of Inspection – enter Y-Yes, N-No, or N/A-Not Applicable in each box. [illegible] Explain fully in a date, item, observation action taken format.

[illegible] of the inspection, submit work orders for any discrepancies noted. File and hold the original [illegible] years.

ST004

YORKTOWN COASTGUARDMM
BLD 213 TRAININGCNTR
YORKTOWN VA 23692
757 856 2656

JUL. 28. 2011 2:52 PM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:PREMIUM
VOLUME = 3221 GALS
ULLAGE = 6779 GALS
90% ULLAGE= 5779 GALS
TC VOLUME = 3183 GALS
HEIGHT = 34.40 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 76.6 DEG F

T 2:UNLEADED
VOLUME = 7111 GALS
ULLAGE = 2889 GALS
90% ULLAGE= 1889 GALS
TC VOLUME = 6997 GALS
HEIGHT = 64.23 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 82.7 DEG F

* * * * * END * * * * *

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

Jason Lawrence — Jason Lawrence

INSPECTOR'S NAME (PRINT) SIGNATURE:

	Items of Inspection[3]:	Tank ID S3E	Tank ID S3D	Tank ID	Tank ID
	Date of Inspection	Date[1] 6/23	Date[1] 6/23	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y	Y		
	Ground surface around tank free of signs of leakage or spills.	Y	Y		
4	Tank liquid level gauge functioning, readable and accurate.	Y	Y		
5	Tank fill ports closed and locked when not in use.	Y	Y		
6	Exposed valves and piping/tubing free of signs f leakage or deterioration.	N/A	N/A		
7	Tank and piping sumps free of liquids or product.	Y	Y		
8	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	N/A	N/A		
9	Exposed piping/tubing supports in satisfactory condition.	N/A	N/A		
10	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y	Y		
11	(Daytime check) Security Light present. No signs of obvious damage.	Y	Y		

1. Inspection Date(s) – enter the date of the inspection in the appropriate block.

2. Inspector(s) - enter the inspector's name in the appropriate block.

3. Item of Inspection – enter Y-Yes, N-No, or N/A-Not Applicable in each box of the inspection checklist to indicate the state of compliance of each checklist item. On the reverse side of this form, provide comments on any item marked "No." Explain fully in a date, item, observation/action taken format.

On completion of the inspection, submit work orders for any discrepancies noted. File and hold the original inspection for five (5) years.

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

Jason Lawrence — Jason E Lawrence

INSPECTOR'S NAME (PRINT) — SIGNATURE:

	Items of Inspection[3]:	Tank ID: S3E	Tank ID: S3D	Tank ID	Tank ID
	Date of Inspection	Date[1]: 5/23	Date[1]: 5/23	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y	Y		
	Ground surface around tank free of signs of leakage or spills.	Y	Y		
	Tank liquid level gauge functioning, readable and accurate.	Y	Y		
	Tank fill ports closed and locked when not in use.	Y	Y		
	Exposed valves and piping/tubing free of signs f leakage or deterioration.	N/A	N/A		
	Tank and piping sumps free of liquids or product.	Y	Y		
	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	N/A	N/A		
	Exposed piping/tubing supports in satisfactory condition.	N/A	N/A		
0	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y	Y		
1	(Daytime check) Security Light present. No signs of obvious damage.	Y	Y		

1. Inspection Date(s) – enter the date of the inspection in the appropriate block.

2. Inspector(s) - enter the inspector's name in the appropriate block.

3. Item of Inspection – enter Y-Yes, N-No, or N/A-Not Applicable in each box of the inspection checklist to indicate the state of compliance of each checklist item. On the reverse side of this form, provide comments on any item marked "No." Explain fully in a date, item, observation/action taken format

Upon completion of the inspection, submit work orders for any discrepancies noted. File and hold the original inspection for five (5) years.

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

Jason Lawrence — Jason E. Lawrence

INSPECTOR'S NAME (PRINT) SIGNATURE:

	Items of Inspection[3]:	Tank ID 53D	Tank ID 53E	Tank ID	Tank ID
	Date of Inspection	Date[1] 4/21	Date[1] 4/21	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y	Y		
	Ground surface around tank free of signs of leakage or spills.	Y	Y		
4	Tank liquid level gauge functioning, readable and accurate.	Y	Y		
5	Tank fill ports closed and locked when not in use.	Y	Y		
6	Exposed valves and piping/tubing free of signs f leakage or deterioration.	N/A	N/A		
7	Tank and piping sumps free of liquids or product.	Y	Y		
8	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	N/A	N/A		
9	Exposed piping/tubing supports in satisfactory condition.	N/A	N/A		
10	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y	Y		
11	(Daytime check) Security Light present. No signs of obvious damage.	Y	Y		

1. Inspection Date(s) – enter the date of the inspection in the appropriate block.

2. Inspector(s) - enter the inspector's name in the appropriate block.

3. Item of Inspection – enter Y-Yes, N-No, or N/A-Not Applicable in each box of the inspection checklist to indicate the state of compliance of each checklist item. On the reverse side of this form, provide comments on any item marked "No." Explain fully in a date, item, observation/action taken format.

On completion of the inspection, submit work orders for any discrepancies noted. File and hold the original inspection for five (5) years.

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

Jason Lawrence — Jason C Lawrence

INSPECTOR'S NAME (PRINT) SIGNATURE:

	Items of Inspection[3]:	Tank ID 52D ST003	Tank ID 52E	Tank ID	Tank ID
	Date of Inspection	Date[1] 3/21/11	Date[1] 3/21/11	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y	Y		
	Ground surface around tank free of signs of leakage or spills.	Y	Y		
4	Tank liquid level gauge functioning, readable and accurate.	Y	Y		
5	Tank fill ports closed and locked when not in use.	Y	Y		
6	Exposed valves and piping/tubing free of signs f leakage or deterioration.	N/A	N/A		
7	Tank and piping sumps free of liquids or product.	Y	Y		
8	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	N/A	N/A		
9	Exposed piping/tubing supports in satisfactory condition.	N/A	N/A		
10	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y	Y		
11	(Daytime check) Security Light present. No signs of obvious damage.	Y	Y		

1. Inspection Date(s) – enter the date of the inspection in the appropriate block.

2. Inspector(s) - enter the inspector's name in the appropriate block.

3. Item of Inspection – enter Y-Yes, N-No, or N/A-Not Applicable in each box of the inspection checklist to indicate the state of compliance of each checklist item. On the reverse side of this form, provide comments on any item marked "No." Explain fully in a date, item, observation/action taken format.

On completion of the inspection, submit work orders for any discrepancies noted. File and hold the original inspection for five (5) years.

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

Jason Lawrence — Jason C. Lawrence

INSPECTOR'S NAME (PRINT) — SIGNATURE:

	Items of Inspection[3]:	Tank ID 53E	Tank ID 53D	Tank ID	Tank ID
	Date of Inspection	Date[1] 2/22	Date[1] 2/22	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y	Y		
	Ground surface around tank free of signs of leakage or spills.	Y	Y		
4	Tank liquid level gauge functioning, readable and accurate.	Y	Y		
5	Tank fill ports closed and locked when not in use.	Y	Y		
6	Exposed valves and piping/tubing free of signs f leakage or deterioration.	N/A	N/A		
7	Tank and piping sumps free of liquids or product.	Y	Y		
8	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	N/A	N/A		
9	Exposed piping/tubing supports in satisfactory condition.	N/A	N/A		
10	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y	Y		
11	(Daytime check) Security Light present. No signs of obvious damage.	Y	Y		

1. Inspection Date(s) – enter the date of the inspection in the appropriate block.

2. Inspector(s) - enter the inspector's name in the appropriate block.

3. Item of Inspection – enter Y-Yes, N-No, or N/A-Not Applicable in each box of the inspection checklist to indicate the state of compliance of each checklist item. On the reverse side of this form, provide comments on any item marked "No." Explain fully in a date, item, observation/action taken format.

On completion of the inspection, submit work orders for any discrepancies noted. File and hold the original inspection for five (5) years.

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

Jason Laurence — INSPECTOR'S NAME (PRINT)

Jason E. Laurence — SIGNATURE:

	Items of Inspection[3]:	Tank ID S3E	Tank ID S3D	Tank ID	Tank ID
	Date of Inspection	Date[1] 1/25	Date[1] 1/25	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y	Y		
	Ground surface around tank free of signs of leakage or spills.	Y	Y		
4	Tank liquid level gauge functioning, readable and accurate.	Y	Y		
5	Tank fill ports closed and locked when not in use.	Y	Y		
6	Exposed valves and piping/tubing free of signs f leakage or deterioration.	N/A	N/A		
7	Tank and piping sumps free of liquids or product.	Y	Y		
8	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	N/A	N/A		
9	Exposed piping/tubing supports in satisfactory condition.	N/A	N/A		
10	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y	Y		
11	(Daytime check) Security Light present. No signs of obvious damage.	Y	Y		

1. Inspection Date(s) – enter the date of the inspection in the appropriate block.

2. Inspector(s) - enter the inspector's name in the appropriate block.

3. Item of Inspection – enter Y-Yes, N-No, or N/A-Not Applicable in each box of the inspection checklist to indicate the state of compliance of each checklist item. On the reverse side of this form, provide comments on any item marked "No." Explain fully in a date, item, observation/action taken format.

On completion of the inspection, submit work orders for any discrepancies noted. File and hold the original inspection for five (5) years.

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

Jason Lawrence — Jason E. Lawrence

INSPECTOR'S NAME (PRINT) SIGNATURE:

	Items of Inspection[3]:	Tank ID 53E	Tank ID 53D	Tank ID	Tank ID
	Date of Inspection	Date[1] 12/23	Date[1] 12/23	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y	Y		
	Ground surface around tank free of signs of leakage or spills.	Y	Y		
4	Tank liquid level gauge functioning, readable and accurate.	Y	Y		
5	Tank fill ports closed and locked when not in use.	Y	Y		
6	Exposed valves and piping/tubing free of signs f leakage or deterioration.	N/A	N/A		
7	Tank and piping sumps free of liquids or product.	Y	Y		
8	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	N/A	N/A		
9	Exposed piping/tubing supports in satisfactory condition.	N/A	N/A		
10	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y	Y		
11	(Daytime check) Security Light present. No signs of obvious damage.	Y	Y		

1. Inspection Date(s) – enter the date of the inspection in the appropriate block.

2. Inspector(s) - enter the inspector's name in the appropriate block.

3. Item of Inspection – enter Y-Yes, N-No, or N/A-Not Applicable in each box of the inspection checklist to indicate the state of compliance of each checklist item. On the reverse side of this form, provide comments on any item marked "No." Explain fully in a date, item, observation/action taken format.

On completion of the inspection, submit work orders for any discrepancies noted. File and hold the original inspection for five (5) years.

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

Jason Lawrence Jason Lawrence
INSPECTOR'S NAME (PRINT) SIGNATURE:

	Items of Inspection[3]:	Tank ID S3E ST003	Tank ID S3D ST003	Tank ID	Tank ID
	Date of Inspection	Date[1] 11/24/10	Date[1] 11/24/10	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y	Y		
	Ground surface around tank free of signs of leakage or spills.	Y	Y		
	Tank liquid level gauge functioning, readable and accurate.	Y	Y		
	Tank fill ports closed and locked when not in use.	Y	Y		
	posed valves and piping/tubing free of signs leakage or deterioration.	N/A	N/A		
7	Tank and piping sumps free of liquids or product.	Y	Y		
8	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	N/A	N/A		
9	Exposed piping/tubing supports in satisfactory condition.	Y N/A	N/A		
10	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y	Y		
11	(Daytime check) Security Light present. No signs of obvious damage.	Y	Y		

1. Inspection Date(s) – enter the date of the inspection in the appropriate block.

2. Inspector(s) - enter the inspector's name in the appropriate block.

3. Item of Inspection – enter Y-Yes, N-No, or N/A-Not Applicable in each box of the inspection checklist to indicate the state of compliance of each checklist item. On the reverse side of this form, provide comments on any item marked "No." Explain fully in a date, item, observation/action taken format.

On completion of the inspection, submit work orders for any discrepancies noted. File and hold the original inspection for five (5) years.

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

Jason Lawrence — Jason Lawrence

INSPECTOR'S NAME (PRINT) — SIGNATURE:

	Items of Inspection[3]:	Tank ID S3E	Tank ID S3D	Tank ID	Tank ID
	Date of Inspection	Date[1] 10/22	Date[1] 10/22	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y	Y		
	Ground surface around tank free of signs of leakage or spills.	Y	Y		
	Tank liquid level gauge functioning, readable and accurate.	Y	Y		
	Tank fill ports closed and locked when not in use.	Y	Y		
	posed valves and piping/tubing free of signs leakage or deterioration.	N/A	N/A		
7	Tank and piping sumps free of liquids or product.	Y	Y		
8	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	N/A	N/A		
9	Exposed piping/tubing supports in satisfactory condition.	N/A	N/A		
10	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y	Y		
11	(Daytime check) Security Light present. No signs of obvious damage.	Y	Y		

1. Inspection Date(s) – enter the date of the inspection in the appropriate block.

2. Inspector(s) - enter the inspector's name in the appropriate block.

3. Item of Inspection – enter Y-Yes, N-No, or N/A-Not Applicable in each box of the inspection checklist to indicate the state of compliance of each checklist item. On the reverse side of this form, provide comments on any item marked "No." Explain fully in a date, item, observation/action taken format.

On completion of the inspection, submit work orders for any discrepancies noted. File and hold the original inspection for five (5) years.

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

Jason Lawrence Jason E Lawrence

INSPECTOR'S NAME (PRINT) SIGNATURE:

	Items of Inspection[3]:	Tank ID S3E	Tank ID S3D	Tank ID	Tank ID
	Date of Inspection	Date[1] 9/20	Date[1] 9/20	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y	Y		
	Ground surface around tank free of signs of leakage or spills.	Y	Y		
	Tank liquid level gauge functioning, readable and accurate.	Y	Y		
	Tank fill ports closed and locked when not in use.	Y	Y		
	:posed valves and piping/tubing free of signs leakage or deterioration.	N/A	N/A		
7	Tank and piping sumps free of liquids or product.	Y	Y		
8	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	N/A	N/A		
9	Exposed piping/tubing supports in satisfactory condition.	N/A	N/A		
10	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y	Y		
11	(Daytime check) Security Light present. No signs of obvious damage.	Y	Y		

1. Inspection Date(s) – enter the date of the inspection in the appropriate block.

2. Inspector(s) - enter the inspector's name in the appropriate block.

3. Item of Inspection – enter Y-Yes, N-No, or N/A-Not Applicable in each box of the inspection checklist to indicate the state of compliance of each checklist item. On the reverse side of this form, provide comments on any item marked "No." Explain fully in a date, item, observation/action taken format.

On completion of the inspection, submit work orders for any discrepancies noted. File and hold the original inspection for five (5) years.

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

Jason Lawrence Jason Lawrence
INSPECTOR'S NAME (PRINT) SIGNATURE:

	Items of Inspection[3]:	Tank ID S3E ST003	Tank ID S3D	Tank ID	Tank ID
	Date of Inspection	Date[1] 8/25	Date[1]	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y	Y		
	Ground surface around tank free of signs of leakage or spills.	Y	Y		
	Tank liquid level gauge functioning, readable and accurate.	Y	Y		
	Tank fill ports closed and locked when not in use.	Y	Y		
	:posed valves and piping/tubing free of signs :leakage or deterioration.	N/A	N/A		
7	Tank and piping sumps free of liquids or product.	Y	Y		
8	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	N/A	N/A		
9	Exposed piping/tubing supports in satisfactory condition.	N/A	N/A		
10	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y	Y		
11	(Daytime check) Security Light present. No signs of obvious damage.	Y	Y		

1. Inspection Date(s) – enter the date of the inspection in the appropriate block.

2. Inspector(s) - enter the inspector's name in the appropriate block.

3. Item of Inspection – enter Y-Yes, N-No, or N/A-Not Applicable in each box of the inspection checklist to indicate the state of compliance of each checklist item. On the reverse side of this form, provide comments on any item marked "No." Explain fully in a date, item, observation/action taken format.

On completion of the inspection, submit work orders for any discrepancies noted. File and hold the original inspection for five (5) years.

EMCOR Government Services

PREVENTIVE MAINTENANCE WORK TICKET

COMPLETED

RECORD NO: ST004 STORAGE TANKS

8/25/11 OC

Start Date: 8/25/2011
Req Comp: 8/25/2011
Date Comp: 8/25/2011

EMPLOYEE : 4395 LAWRENCE JASON

Name:	EMPLOYEE INFORMATION	Date:	Hours:
4345 Lawrence, J.	1170	8/25/2011	.25

(complete)

FREQUENCY: MONTHLY

Total Hours: .25

MATERIAL COST: Ø

BLDG: 183 UTB DOCKS

CLIN: TANK016

EQUIP: UST S1AG

INFO: UNDEGROUND STORAGE TANK
BOAT FORCE CENTER (CLOSE TO BLDG 225) 8,000 GAL TANK
THIS TANK IS EQUIPPED WITH AN ELECTRONIC LEAK DETECTION MONTIORING SYSTEM

COMPLETE THE UST FACILITY INSPECTION CHECKLIST

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

Jason Lawrence — INSPECTOR'S NAME (PRINT)

Jason Lawrence — SIGNATURE:

	Items of Inspection[1]:	Tank ID SIAG	Tank ID	Tank ID	Tank ID
	Date of Inspection	Date[1] 8/25	Date[1]	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y			
	Ground surface around tank free of signs of leakage or spills.	Y			
	Tank liquid level gauge functioning, readable and accurate.	Y			
5	Tank fill ports closed and locked when not in use.	Y			
6	Exposed valves and piping/tubing free of signs f leakage or deterioration.	N/A			
7	Tank and piping sumps free of liquids or product.	N			
8	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	N/A			
9	Exposed piping/tubing supports in satisfactory condition.	N/A			
10	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y			
	(Daytime check) Security Light present. No	Y			

UTB BOAT DOCK
USCG TRAINING FAC.
YORKTOWN

AUG 25. 2011 11:12 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:OFF ROAD DIESEL
VOLUME = 4143 GALS
ULLAGE = 3686 GALS
90% ULLAGE= 2903 GALS
TC VOLUME = 4106 GALS
HEIGHT = 47.89 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 79.7 DEG F

* * * * * END * * * * *

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

Jason Lawrence — Jason Lawrence

INSPECTOR'S NAME (PRINT) SIGNATURE:

	Items of Inspection[3]:	Tank ID SIAG	Tank ID	Tank ID	Tank ID
	Date of Inspection	Date[1] 7/28	Date[1]	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y			
	Ground surface around tank free of signs of leakage or spills.	Y			
4	Tank liquid level gauge functioning, readable and accurate.	Y			
5	Tank fill ports closed and locked when not in use.	Y			
6	Exposed valves and piping/tubing free of signs f leakage or deterioration.	N/A			
7	Tank and piping sumps free of liquids or product.	N			
8	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	N/A			
9	Exposed piping/tubing supports in satisfactory condition.	N/A			
10	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y			
11	(Daytime check) Security Light present. No signs of obvious damage.	Y			

1. Inspection Date(s) – enter the date of the inspection in the appropriate block.

2. Inspector(s) - enter the inspector's name in the appropriate block.

3. Item of Inspection – enter Y-Yes, N-No, or N/A-Not Applicable in each box of the inspection checklist to indicate the state of compliance of each checklist item. On the reverse side of this form, provide comments on any item marked "No." Explain fully in a date, item, observation/action taken format.

On completion of the inspection, submit work orders for any discrepancies noted. File and hold the original inspection for five (5) years.

ST003

UTB BOAT DOCK
USCG TRAINING FAC.
YORKTOWN

JUL 29, 2011 7:34 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:OFF ROAD DIESEL
VOLUME = 4599 GALS
ULLAGE = 3230 GALS
90% ULLAGE= 2447 GALS
TC VOLUME = 4561 GALS
HEIGHT = 51.95 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 78.5 DEG F

* * * * * END * * * * *

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

Jason Lawrence — Jason Lawrence

INSPECTOR'S NAME (PRINT) — SIGNATURE:

	Items of Inspection[3]:	Tank ID SIAG	Tank ID	Tank ID	Tank ID
	Date of Inspection	Date[1] 6/23	Date[1]	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y			
	Ground surface around tank free of signs of leakage or spills.	Y			
4	Tank liquid level gauge functioning, readable and accurate.	Y			
5	Tank fill ports closed and locked when not in use.	Y			
6	Exposed valves and piping/tubing free of signs f leakage or deterioration.	N/A			
7	Tank and piping sumps free of liquids or product.	N			
8	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	N/A			
9	Exposed piping/tubing supports in satisfactory condition.	N/A			
10	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y			
11	(Daytime check) Security Light present. No signs of obvious damage.	Y			

1. Inspection Date(s) – enter the date of the inspection in the appropriate block.

2. Inspector(s) - enter the inspector's name in the appropriate block.

3. Item of Inspection – enter Y-Yes, N-No, or N/A-Not Applicable in each box of the inspection checklist to indicate the state of compliance of each checklist item. On the reverse side of this form, provide comments on any item marked "No." Explain fully in a date, item, observation/action taken format.

On completion of the inspection, submit work orders for any discrepancies noted. File and hold the original inspection for five (5) years.

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

Jason Lawrence — Jason Lawrence

INSPECTOR'S NAME (PRINT) — SIGNATURE:

	Items of Inspection[3]:	Tank ID: S1AG	Tank ID	Tank ID	Tank ID
	Date of Inspection	Date[1]: 5/23	Date[1]	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y			
	Ground surface around tank free of signs of leakage or spills.	Y			
	Tank liquid level gauge functioning, readable and accurate.	Y			
5	Tank fill ports closed and locked when not in use.	Y			
5	Exposed valves and piping/tubing free of signs f leakage or deterioration.	N/A			
7	Tank and piping sumps free of liquids or product.	N			
8	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	N/A			
9	Exposed piping/tubing supports in satisfactory condition.	N/A			
10	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y			
11	(Daytime check) Security Light present. No signs of obvious damage.	Y			

1. Inspection Date(s) – enter the date of the inspection in the appropriate block.

2. Inspector(s) - enter the inspector's name in the appropriate block.

3. Item of Inspection – enter Y-Yes, N-No, or N/A-Not Applicable in each box of the inspection checklist to indicate the status of compliance of each checklist item. On the reverse side of this form, provide comments on any item marked "No." Explain fully in a date, item, observation/action taken format.

On completion of the inspection, submit work orders for any discrepancies noted. File and hold the original inspection for five (5) years.

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

ST004 Jason Lawrence

INSPECTOR'S NAME (PRINT) SIGNATURE:

	Items of Inspection[3]:	Tank ID STAG	Tank ID	Tank ID	Tank ID
	Date of Inspection	Date[1] 4/21	Date[1]	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y			
	Ground surface around tank free of signs of leakage or spills.	Y			
4	Tank liquid level gauge functioning, readable and accurate.	Y			
5	Tank fill ports closed and locked when not in use.	Y			
6	Exposed valves and piping/tubing free of signs f leakage or deterioration.	N/A			
7	Tank and piping sumps free of liquids or product.	Y			
8	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	N/A			
9	Exposed piping/tubing supports in satisfactory condition.	N/A			
10	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y			
11	(Daytime check) Security Light present. No signs of obvious damage.	Y			

1. Inspection Date(s) – enter the date of the inspection in the appropriate block.

2. Inspector(s) - enter the inspector's name in the appropriate block.

3. Item of Inspection – enter Y-Yes, N-No, or N/A-Not Applicable in each box of the inspection checklist to indicate the state of compliance of each checklist item. On the reverse side of this form, provide comments on any item marked "No." Explain fully in a date, item, observation/action taken format.

On completion of the inspection, submit work orders for any discrepancies noted. File and hold the original inspection for five (5) years.

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

Jan Lawrence — Jason E Lawrence

INSPECTOR'S NAME (PRINT) / SIGNATURE:

	Items of Inspection[3]:	Tank ID STATE STOOH	Tank ID	Tank ID	Tank ID
	Date of Inspection	Date[1] 5/21	Date[1]	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y			
	Ground surface around tank free of signs of leakage or spills.	Y			
4	Tank liquid level gauge functioning, readable and accurate.	Y			
5	Tank fill ports closed and locked when not in use.	Y			
6	Exposed valves and piping/tubing free of signs f leakage or deterioration.	N/A			
7	Tank and piping sumps free of liquids or product.	Y N ~~N/A~~			
8	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	N/A			
9	Exposed piping/tubing supports in satisfactory condition.	N/A			
10	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y			
11	(Daytime check) Security Light present. No signs of obvious damage.	Y			

1. Inspection Date(s) – enter the date of the inspection in the appropriate block.

2. Inspector(s) - enter the inspector's name in the appropriate block.

3. Item of Inspection – enter Y-Yes, N-No, or N/A-Not Applicable in each box of the inspection checklist to indicate the state of compliance of each checklist item. On the reverse side of this form, provide comments on any item marked "No." Explain fully in a date, item, observation/action taken format.

On completion of the inspection, submit work orders for any discrepancies noted. File and hold the original inspection for five (5) years.

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

Jim Lawrence — Jason Lawrence

INSPECTOR'S NAME (PRINT) / SIGNATURE:

	Items of Inspection[3]:	Tank ID SLAG	Tank ID	Tank ID	Tank ID
	Date of Inspection	Date[1] 2/27	Date[1]	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y			
	Ground surface around tank free of signs of leakage or spills.	Y			
4	Tank liquid level gauge functioning, readable and accurate.	Y			
5	Tank fill ports closed and locked when not in use.	Y			
6	Exposed valves and piping/tubing free of signs f leakage or deterioration.	N/A			
7	Tank and piping sumps free of liquids or product.	~~Y~~ N			
8	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	~~Y~~ N/A			
9	Exposed piping/tubing supports in satisfactory condition.	N/A			
10	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y			
11	(Daytime check) Security Light present. No signs of obvious damage.	Y			

1. Inspection Date(s) – enter the date of the inspection in the appropriate block.

2. Inspector(s) - enter the inspector's name in the appropriate block.

3. Item of Inspection – enter Y-Yes, N-No, or N/A-Not Applicable in each box of the inspection checklist to indicate the state of compliance of each checklist item. On the reverse side of this form, provide comments on any item marked "No." Explain fully in a date, item, observation/action taken format.

On completion of the inspection, submit work orders for any discrepancies noted. File and hold the original inspection for five (5) years.

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

Jason Lawrence — Jason E. Lawrence

INSPECTOR'S NAME (PRINT) SIGNATURE:

	Items of Inspection[3]:	Tank ID SIAG	Tank ID	Tank ID	Tank ID
	Date of Inspection	Date[1] 11a5	Date[1]	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y			
	Ground surface around tank free of signs of leakage or spills.	Y			
4	Tank liquid level gauge functioning, readable and accurate.	Y			
5	Tank fill ports closed and locked when not in use.	Y			
6	Exposed valves and piping/tubing free of signs f leakage or deterioration.	N/A			
7	Tank and piping sumps free of liquids or product.	Y			
8	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	N/A			
9	Exposed piping/tubing supports in satisfactory condition.	N/A			
10	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y			
11	(Daytime check) Security Light present. No signs of obvious damage.	Y			

1. Inspection Date(s) – enter the date of the inspection in the appropriate block.

2. Inspector(s) - enter the inspector's name in the appropriate block.

3. Item of Inspection – enter Y-Yes, N-No, or N/A-Not Applicable in each box of the inspection checklist to indicate the state of compliance of each checklist item. On the reverse side of this form, provide comments on any item marked "No." Explain fully in a date, item, observation/action taken format.

On completion of the inspection, submit work orders for any discrepancies noted. File and hold the original inspection for five (5) years.

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

Jason Lawrence — Jason E. Lawrence

INSPECTOR'S NAME (PRINT) SIGNATURE:

	Items of Inspection[3]:	Tank ID STAG	Tank ID	Tank ID	Tank ID
	Date of Inspection	Date[1] 12/22/10	Date[1]	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y			
	Ground surface around tank free of signs of leakage or spills.	Y			
4	Tank liquid level gauge functioning, readable and accurate.	Y			
5	Tank fill ports closed and locked when not in use.	Y			
6	Exposed valves and piping/tubing free of signs f leakage or deterioration.	N/A			
7	Tank and piping sumps free of liquids or product.	Y			
8	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	N/A			
9	Exposed piping/tubing supports in satisfactory condition.	N/A			
10	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y			
11	(Daytime check) Security Light present. No signs of obvious damage.	Y			

1. Inspection Date(s) – enter the date of the inspection in the appropriate block.

2. Inspector(s) - enter the inspector's name in the appropriate block.

3. Item of Inspection – enter Y-Yes, N-No, or N/A-Not Applicable in each box of the inspection checklist to indicate the state of compliance of each checklist item. On the reverse side of this form, provide comments on any item marked "No." Explain fully in a date, item, observation/action taken format.

On completion of the inspection, submit work orders for any discrepancies noted. File and hold the original inspection for five (5) years.

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

~umes Ifcal

NSPECTOR'S NAME (PRINT) SIGNATURE:

	Items of Inspection[3]:	Tank ID 51A6	Tank ID	Tank ID	Tank ID
	Date of Inspection	Date[1] 11-22-16	Date[1]	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y			
	Ground surface around tank free of signs of leakage or spills.	Y			
	Tank liquid level gauge functioning, readable and accurate.	Y			
	Tank fill ports closed and locked when not in use.	Y			
	posed valves and piping/tubing free of signs leakage or deterioration.	Y			
7	Tank and piping sumps free of liquids or product.	Y			
8	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	Y			
9	Exposed piping/tubing supports in satisfactory condition.	Y			
10	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y			
11	(Daytime check) Security Light present. No signs of obvious damage.	N/A Not present			

1. Inspection Date(s) – enter the date of the inspection in the appropriate block.

2. Inspector(s) - enter the inspector's name in the appropriate block.

3. Item of Inspection – enter Y-Yes, N-No, or N/A-Not Applicable in each box of the inspection checklist to indicate the state of compliance of each checklist item. On the reverse side of this form, provide comments on any item marked "No." Explain fully in a date, item, observation/action taken format.

On completion of the inspection, submit work orders for any discrepancies noted. File and hold the original inspection for five (5) years.

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

Jason Lawrence — Jason Lawrence

INSPECTOR'S NAME (PRINT) — SIGNATURE:

	Items of Inspection[3]:	Tank ID SIAG	Tank ID	Tank ID	Tank ID
	Date of Inspection	Date[1] 10/22	Date[1]	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y			
	Ground surface around tank free of signs of leakage or spills.	Y			
	Tank liquid level gauge functioning, readable and accurate.	Y			
	Tank fill ports closed and locked when not in use.	Y			
	.posed valves and piping/tubing free of signs leakage or deterioration.	N\A			
7	Tank and piping sumps free of liquids or product.	N			
8	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	N\A			
9	Exposed piping/tubing supports in satisfactory condition.	N\A			
10	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y			
11	(Daytime check) Security Light present. No signs of obvious damage.	Y			

1. Inspection Date(s) – enter the date of the inspection in the appropriate block.

2. Inspector(s) - enter the inspector's name in the appropriate block.

3. Item of Inspection – enter Y-Yes, N-No, or N/A-Not Applicable in each box of the inspection checklist to indicate the state of compliance of each checklist item. On the reverse side of this form, provide comments on any item marked "No." Explain fully in a date, item, observation/action taken format.

On completion of the inspection, submit work orders for any discrepancies noted. File and hold the original inspection for five (5) years.

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

Jason Lawrence Jason Lawrence

NSPECTOR'S NAME (PRINT) SIGNATURE:

	Items of Inspection[3]:	Tank ID SIAG	Tank ID	Tank ID	Tank ID
	Date of Inspection	Date[1] 9/30	Date[1]	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y			
	Ground surface around tank free of signs of leakage or spills.	Y			
	Tank liquid level gauge functioning, readable and accurate.	Y			
	Tank fill ports closed and locked when not in use.	Y			
	:posed valves and piping/tubing free of signs leakage or deterioration.	N/A			
7	Tank and piping sumps free of liquids or product.	Y			
8	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	N/A			
9	Exposed piping/tubing supports in satisfactory condition.	N/A			
10	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y			
11	(Daytime check) Security Light present. No signs of obvious damage.	Y			

1. Inspection Date(s) – enter the date of the inspection in the appropriate block.

2. Inspector(s) - enter the inspector's name in the appropriate block.

3. Item of Inspection – enter Y-Yes, N-No, or N/A-Not Applicable in each box of the inspection checklist to indicate the state of compliance of each checklist item. On the reverse side of this form, provide comments on any item marked "No." Explain fully in a date, item, observation/action taken format.

On completion of the inspection, submit work orders for any discrepancies noted. File and hold the original inspection for five (5) years.

MONTHLY
UNDERGROUND STORAGE TANK FACILITY
INSPECTION CHECKLIST

Jason Lawrence — Jason Lawrence

INSPECTOR'S NAME (PRINT) — SIGNATURE:

	Items of Inspection[3]:	Tank ID SIAG ~~S4A~~	Tank ID	Tank ID	Tank ID
	Date of Inspection	Date[1] 8/25	Date[1]	Date[1]	Date[1]
	Concrete pad free from cracks or damage.	Y			
	Ground surface around tank free of signs of leakage or spills.	Y			
	Tank liquid level gauge functioning, readable and accurate.	Y			
	Tank fill ports closed and locked when not in use.	Y			
	Exposed valves and piping/tubing free of signs of leakage or deterioration.	N/A			
7	Tank and piping sumps free of liquids or product.	Y			
8	Exposed piping/tubing joints and fitting free of signs of leakage or deterioration.	N/A			
9	Exposed piping/tubing supports in satisfactory condition.	N/A			
10	Tank and/or piping monitoring system functioning properly? If presen, press test button to ensure system is functional. Printout a leak detection ticket (if panel is equipped with printer) and attach to this report.	Y			
11	(Daytime check) Security Light present. No signs of obvious damage.	Y			

1. Inspection Date(s) – enter the date of the inspection in the appropriate block.

2. Inspector(s) - enter the inspector's name in the appropriate block.

3. Item of Inspection – enter Y-Yes, N-No, or N/A-Not Applicable in each box of the inspection checklist to indicate the state of compliance of each checklist item. On the reverse side of this form, provide comments on any item marked "No." Explain fully in a date, item, observation/action taken format.

On completion of the inspection, submit work orders for any discrepancies noted. File and hold the original inspection for five (5) years.

YORKTOWNCOASTGUARDMM
BLD 213 TRAININGCNTR
YORKTOWN VA 23692
757 856 2656

SEP 15, 2011 1:22 PM

TANK LEAK TEST HISTORY

T 2:UNLEADED

LAST GROSS TEST PASSED:

NO TEST PASSED

LAST ANNUAL TEST PASSED:

NO TEST PASSED

FULLEST ANNUAL TEST PASS

NO TEST PASSED

LAST PERIODIC TEST PASS:
SEP 15, 2011 8:39 AM
TEST LENGTH 50 HOURS
STARTING VOLUME= 3787
PERCENT VOLUME = 37.9
TEST TYPE = CSLD

FULLEST PERIODIC TEST
PASSED EACH MONTH:

JAN 15, 2011 5:49 PM
TEST LENGTH 38 HOURS
STARTING VOLUME= 6251
PERCENT VOLUME = 62.5
TEST TYPE = CSLD

FEB 11, 2011 9:03 PM
TEST LENGTH 36 HOURS
STARTING VOLUME= 5243
PERCENT VOLUME = 52.4
TEST TYPE = CSLD

MAR 11, 2011 10:11 PM
TEST LENGTH 35 HOURS
STARTING VOLUME= 4459
PERCENT VOLUME = 44.6
TEST TYPE = CSLD

APR 4, 2011 9:00 PM
TEST LENGTH 44 HOURS
STARTING VOLUME= 4493
PERCENT VOLUME = 44.9
TEST TYPE = CSLD

MAY 31, 2011 6:26 AM
TEST LENGTH 45 HOURS
STARTING VOLUME= 6003
PERCENT VOLUME = 60.0
TEST TYPE = CSLD

JUN 1, 2011 1:41 AM
TEST LENGTH 46 HOURS
STARTING VOLUME= 5955
PERCENT VOLUME = 59.6
TEST TYPE = CSLD

JUL 3, 2011 9:46 AM
TEST LENGTH 38 HOURS
STARTING VOLUME= 6649
PERCENT VOLUME = 66.5
TEST TYPE = CSLD

AUG 20, 2011 9:52 AM
TEST LENGTH 29 HOURS
STARTING VOLUME= 6939
PERCENT VOLUME = 69.4
TEST TYPE = CSLD

SEP 2, 2011 8:00 AM
TEST LENGTH 52 HOURS
STARTING VOLUME= 4077
PERCENT VOLUME = 40.8
TEST TYPE = CSLD

OCT 31, 2010 9:11 PM
TEST LENGTH 38 HOURS
STARTING VOLUME= 6166
PERCENT VOLUME = 61.7
TEST TYPE = CSLD

NOV 3, 2010 3:40 AM
TEST LENGTH 41 HOURS
STARTING VOLUME= 6377
PERCENT VOLUME = 63.8
TEST TYPE = CSLD

DEC 26, 2010 8:57 AM
TEST LENGTH 49 HOURS
STARTING VOLUME= 6762
PERCENT VOLUME = 67.6
TEST TYPE = CSLD

* * * * * END * * * * *

YORKTOWNCOASTGUARDMM
BLD 213 TRAININGCNTR
YORKTOWN VA 23692
757 856 2656

SEP 15, 2011 1:19 PM

TANK LEAK TEST HISTORY

T 1:PREMIUM

LAST GROSS TEST PASSED:
MAY 27, 2010 9:12 AM
STARTING VOLUME= 4067
PERCENT VOLUME = 40.7
TEST TYPE = STANDARD

LAST ANNUAL TEST PASSED:

NO TEST PASSED

FULLEST ANNUAL TEST PASS

NO TEST PASSED

LAST PERIODIC TEST PASS:
SEP 15, 2011 11:25 AM
TEST LENGTH 54 HOURS
STARTING VOLUME= 4000
PERCENT VOLUME = 40.0
TEST TYPE = CSLD

FULLEST PERIODIC TEST
PASSED EACH MONTH:

JAN 1, 2011 12:05 PM
TEST LENGTH 58 HOURS
STARTING VOLUME= 4284
PERCENT VOLUME = 42.8
TEST TYPE = CSLD

FEB 18, 2011 6:31 AM
TEST LENGTH 38 HOURS
STARTING VOLUME= 3133
PERCENT VOLUME = 31.3
TEST TYPE = CSLD

MAR 18, 2011 6:41 PM
TEST LENGTH 41 HOURS
STARTING VOLUME= 3848
PERCENT VOLUME = 38.5
TEST TYPE = CSLD

APR 16, 2011 6:52 AM
TEST LENGTH 54 HOURS
STARTING VOLUME= 3142
PERCENT VOLUME = 31.4
TEST TYPE = CSLD

MAY 28, 2011 5:09 PM
TEST LENGTH 39 HOURS
STARTING VOLUME= 2579
PERCENT VOLUME = 25.8
TEST TYPE = CSLD

JUN 17, 2011 11:06 PM
TEST LENGTH 50 HOURS
STARTING VOLUME= 3049
PERCENT VOLUME = 30.5
TEST TYPE = CSLD

JUL 17, 2011 6:12 AM
TEST LENGTH 38 HOURS
STARTING VOLUME= 4036
PERCENT VOLUME = 40.4
TEST TYPE = CSLD

AUG 31, 2011 7:31 PM
TEST LENGTH 65 HOURS
STARTING VOLUME= 3654
PERCENT VOLUME = 36.5
TEST TYPE = CSLD

SEP 2, 2011 1:43 AM
TEST LENGTH 63 HOURS
STARTING VOLUME= 4243
PERCENT VOLUME = 42.4
TEST TYPE = CSLD

OCT 16, 2010 2:45 AM
TEST LENGTH 49 HOURS
STARTING VOLUME= 3903
PERCENT VOLUME = 39.0
TEST TYPE = CSLD

NOV 30, 2010 3:01 PM
TEST LENGTH 54 HOURS
STARTING VOLUME= 3814
PERCENT VOLUME = 38.1
TEST TYPE = CSLD

DEC 25, 2010 1:09 AM
TEST LENGTH 49 HOURS
STARTING VOLUME= 4476
PERCENT VOLUME = 44.8
TEST TYPE = CSLD

* * * * * END * * * * *